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GOVERNOR

State of Alabama Department of Corrections

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JEFFERSON S. DUNN
COMMISSIONER

May 2, 2016

TO: WARDENS
DIVISION DIRECTORS
HEADS OF STATE AGENCIES
ADMINISTRATIVE REGULATION MONITORS

CHANGE #3
ADMINISTRATIVE REGULATION 601

MENTAL HEALTH FORMS AND DISPOSITION

PURPOSE: To update forms and annexes to reflect current practices.

CHANGES TO BE MADE:

Reference:

AR 601, *Mental Health Forms and Disposition*, dated March 1, 2006.

VII. Forms, Annex A, *Index of Mental Health Forms*

Action Required:

Replace ADOC Form MH-013, *Mental Health Code Input*, dated November 14, 2005, with revised ADOC Form MH-013, *Mental Health Code Input* dated April 2016.

Replace ADOC Form MH-013A, *Mental Health Classification Notification*, dated October 2015 with revised ADOC Form MH-013A, *Mental Health Classification Notification* dated April 2016.

Replace ADOC Form MH-014, *Psychological Evaluation Update*, dated November 2015 with revised ADOC Form MH-014, *Psychological Evaluation Update* dated April 2016.

Replace ADOC Form MH-015, *Psychological Evaluation*, dated November 2015 with Revised ADOC Form MH-15, *Psychological Evaluation*, dated April 2016.

Replace ADOC Form MH-018, *Psychiatric Evaluation*, dated November 2015 with Revised ADOC Form MH-018, *Psychiatric Evaluation* dated April 2016.

File this numbered change at the back of the regulation after annotating both the index and the regulation to indicate changes have been completed.

Advise all personnel in your organization of the change to this regulation.



Jefferson S. Dunn
Commissioner

MENTAL HEALTH CODE INPUT

Date Input Submitted: _____

AR 601 Change 3 – May 2, 2016

Alabama Department of Corrections
Office of Health Services



Classification Notification Form
Mental Health Code

Institution: _____ Date: _____

Inmate Name: _____ AIS#: _____

Code to be entered (circle): MH-0

MH-1, MH-1(a), MH-1(b), MH-1(c)

MH-2, MH-2(d)

MH-3, MH-3(a)

MH-4

MH-5

MH-6

MH-9

* Update the code on the Master Problem List.

* Give this completed form to your mental health clerk.

Provider Signature

Date

.....

Mental Health Clerk:

*Enter code into ADOC computer system.

*Give this **Notification Form** to the institution Classification Supervisor.

Mental Health Clerk Signature

Date

Disposition: Classification Supervisor
Not for Health Record File

Reference: ADOC AR 613
ADOC Form: MH-013 A
Revised: 04/2016

STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

PSYCHOLOGICAL EVALUATION UPDATE

Name: _____ AIS#: _____ R/S: _____

Date: ____/____/____ Date of Birth: ____/____/____ Age: _____

This inmate was last evaluated by ADOC psychology staff member _____ on
____/____/____. This inmate was recommended for participation in

The following observations and recommendations are made as a result of the current interview:

Mental Health Code: 0, 1, 1a, 1b, 1c, 2, 2d, 3, 3a, 4, 5, 6, 9

I. Educational Needs:

____ a. ABE ____ b. Special Education ____ c. Trade School ____ d. Junior College
____ e. Life Skills

II. Mental Health Needs:

____ a. Refer to psychiatrist	____ e. Sexual adjustment	____ i. Self-concept enhancement
____ b. Substance abuse counseling	____ f. Reality therapy	____ j. Healthy use of leisure
____ c. Depression	____ g. Anger-induced acting out	____ k. Personal development
____ d. Stress management	____ h. Values clarification	

Date referred to psychiatrist: ____/____/____

III. RECOMMENDATIONS/REMARKS: *(include accommodations needed for the visual, hearing impaired and other disabilities)* _____

Evaluation Completed by: _____ Date: _____
Psychologist/Psychological Associate

Disposition: Data Entry to Central Records, Institutional Inmate File,
Inmate Medical Record

Reference ADOC AR: 612, 613
ADOC Form MH 014 - April, 2016
(Previously Form N-259A)

STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

PSYCHOLOGICAL EVALUATION

Name: _____ AIS#: _____ R/S: _____

Date: ____/____/____ Date of Birth: ____/____/____ Age: _____

Beta III: _____ WAIS: ____/____/____ WRAT-RL: _____

Last School Grade Completed: _____ Special Education Classes: ☐ Yes ☐ No Type: _____

MMPI Welsh Code: _____

Mental Health Code: 0, 1, 1a, 1b, 1c, 2, 2d, 3, 3a, 4, 5, 6, 9

General Appearance

_____ a. Neat and generally appropriate

_____ c. Flat or avoiding interaction

_____ b. Poorly groomed

_____ d. Sad or worried

Other: _____

I. Interpersonal Functioning

f. Other:

_____ a. Normal-good relationships likely

_____ 1. Exploitive/manipulative

_____ b. Withdrawn/apparent loner

_____ 2. Weak/vulnerable

_____ c. Likely to ignore rights/needs

_____ 3. Passive/unassertive

_____ d. Lacks skill or confidence

_____ 4. Aggressive/Dominant

_____ e. Probably difficult to get along with

_____ 5. Retaliates

_____ 6. _____

II. Personality

g. Other:

_____ a. Healthy

_____ 1. Schizoid

_____ 7. Compulsive

_____ b. Antisocial

_____ 2. Schizotypal

_____ 8. Atypical/mix

_____ c. Paranoid

_____ 3. Histrionic

_____ 9. _____

_____ d. Explosive

_____ 4. Narcissistic

_____ e. Dependent

_____ 5. Borderline

_____ f. Passive-Aggressive

_____ 6. Avoidant

III. Substance Abuse

_____ a. Alcohol addiction/abuse history: _____

_____ b. Drug addiction/abuse history: _____

Disposition: Data Entry to Central Records, Inmate Medical Record,
Institutional Inmate File

Reference: ADOC AR 612, 613
ADOC Form MH-015 – April, 2016
(Previously Form N-259)

Page 1 of 4

PSYCHOLOGICAL EVALUATION (Continued)

Inmate Name: _____

_____ c. Current or most recent use: _____

_____ d. Current Addictions: _____

_____ e. Other:

- | | |
|---|--|
| _____ 1. In remission 6 months or less | _____ 5. Drug use/denies dependency |
| _____ 2. In remission more than one year | _____ 6. Alcohol use/denies dependency |
| _____ 3. In remission more than one year | _____ 7. OBS-drug/alcohol induced |
| _____ 4. In remission only due to incarceration | _____ 8. Other: _____ |

IV. Emotional Status

_____ a. No significant problems

_____ b. Depressed _____

_____ c. Anxious or stressful _____

_____ d. Angry or resentful _____

_____ e. Confusion or psychotic symptoms _____

_____ f. Mood disturbances _____

_____ g. Sexual maladjustment _____

History of sex offenses? ☐ Yes ☐ No List: _____

_____ h. Paranoid ideation _____

_____ i. Sleep/appetite disorder _____

_____ j. Other:

- | | | |
|-----------------------------------|---------------------------------|----------------------------|
| _____ 1. Symptoms of Hypochondria | _____ 4. Overtly psychotic | _____ 7. Behavior disorder |
| _____ 2. Hyperactivity | _____ 5. Psychosis in remission | _____ 8. Senile/demented |
| _____ 3. Violent/uncontrolled | _____ 6. Personality disorder | _____ 9. Other _____ |

Disposition: Data Entry to Central Records, Inmate Medical Record,
Institutional Inmate File

Reference: ADOC AR 612, 613
ADOC Form MH-015 – April, 2016
(Previously Form N-259)
Page 2 of 4

PSYCHOLOGICAL EVALUATION (Continued)

Name: _____

V. Mental Deficiency

_____ Mild (50-70)

_____ Moderate (35-50)

_____ Severe (20-35)

_____ Borderline (70-80)

_____ Organic impairment suspected

_____ Memory Deficit

Remarks: _____

Emotional response to incarceration: _____

VI. Mental Health

_____ a. Outpatient treatment (dates/where) _____

_____ b. Inpatient treatment (dates/where) _____

_____ c. Psychotropic medication (type/effectiveness) _____

_____ d. Family history of mental illness _____

VII. Management Problems

_____ a. Suicide potential Ideation Yes No Plans? Yes No
History of attempt/gestures _____

_____ b. Serious mental illness (specify) _____

_____ c. Impulsive/acting out behaviors predicted _____

_____ d. Authority Conflict _____

_____ e. Manipulative/untrustworthy _____

_____ f. Easily victimized _____

Disposition: Data Entry to Central Records, Inmate Medical Record,
Institutional Inmate File

Reference: ADOC AR: 612, 613
ADOC Form MH-015 – April, 2016
(Previously Form N-259)
Page 3 of 4

PSYCHOLOGICAL EVALUATION (Continued)

Name: _____

_____ g. Escape potential _____

_____ h. Assaultiveness _____

_____ i. Other:

_____ 1. Malingering _____ 4. Physical handicap _____ 7. Domestic Violence

_____ 2. Mental Deficiency _____ 5. Self-Mutilation _____ 8. Gender identity disorder

_____ 3. Aged and infirmed _____ 6. Potential substance abuse in unsupervised situations

History of expressive violence? Yes No List: _____

VIII. Educational Needs

_____ a. ABE/GED _____ b. Special Education _____ c. Trade School _____ d. Junior College

_____ e. Life Skills

IX. Mental Health Needs

_____ a. Refer to psychiatrist _____ e. Sexual adjustment _____ i. Self-concept enhancement

_____ b. Substance abuse counseling _____ f. Reality therapy _____ j. Healthy use of leisure time

_____ c. Depression _____ g. Anger management _____ k. Personal Development

_____ d. Stress management _____ h. Values clarification _____ l. other _____

Recommendations/Remarks: *(Include accommodations needed for the visual, hearing impaired and other disabilities)* _____

Evaluation Completed by: _____ **Date:** _____

Psychologist/Psychological Associate

Disposition: Data Entry to Central Records, Inmate medical Record,
Institutional Inmate File

Reference: ADOC AR 612, 613
ADOC Form MH-015 – April, 2016
(Previously Form N-259)
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STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

PSYCHIATRIC EVALUATION

Referred by: ☐ Mental Health Staff ☐ Medical Staff ☐ Other _____

Reason for Referral (Presenting Problem): _____

Psychiatric History (inpatient/outpatient/medications prescribed):

Pertinent Medical History: (medication allergies)

Substance Abuse History:

Pertinent Personal/Family History (inmate's sentence):

Institutional Adjustment (current placement)

Inmate Name	AIS #
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Disposition: Inmate Medical Record

Reference: ADOC AR: 609, 613, 615, 616, 632, 633, 635, 638

ADOC Form MH-018 - April, 2016

Page 1 of 2

PSYCHIATRIC EVALUATION (Continued)

Mental Status Examination:

Appearance and Behavior: _____

Mood and Affect: _____

Speech and Language: _____

Thought Process: _____

Thought Content and Perceptions: _____

Cognitive Assessment: _____

Insight/Judgement: _____

Suicide/Violence Risk Assessment:

Past Suicidal Ideation/Attempts (dates and methods): _____

Current Suicidal Ideation and Behavior: _____

Past Violent/Assaultive Behavior: _____

Current Violent/Assaultive Ideas/Behavior: _____

Assessment/Diagnosis (DSM 5):

Psychosocial/Contextual Factors: _____

Symptom Severity: _____ 0 _____ 1 _____ 2 _____ 3 _____ 4 _____

Level of Disability: _____ None _____ Mild _____ Moderate _____ Severe _____ Extreme _____

Plan: _____

Treatment Recommendations (including medication/labs ordered/special housing)

Psychiatric Follow-Up Required Within: _____ Days

Mental Health Code: 0, 1, 1a, 1b, 1c, 2, 2d, 3, 3a, 4, 5, 6, 9

Psychiatrist or Nurse Practitioner Signature

Date

Inmate Name:

AIS #:

Disposition: Inmate Medical Record

Reference: ADOC AR: 609, 613, 615, 616, 632, 633, 635, 638

ADOC Form MH-018 – April, 2016

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Alabama Department of Corrections

HEALTH RECORD – MASTER PROBLEM LIST

INMATE NAME _____ AIS # _____ D.O.B. _____

Known Allergies: _____

1. Mental Health Codes:

MH-0, MH-1, MH-1-a, MH-1-b, MH-1-c, MH-2, MH-2d, MH-3, MH-3a, MH-4, MH-5, MH-6, MH-9

2. Medical Health Care Codes:

HC-1, HC-2, HC-3, HC-4, HC-5, HC-5-a, HC-5-b, HC-5-c, HC-5-d, HC-6 (with subset), HC-7

3. List Long-Term Chronic Problems (* If Asthmatic record as; Mild, Moderate, or Severe)

4. Note DNR, Advance Directive/Living Will as obtained. Note date timed-out and/or date rescinded

Date Identified:	Provider Name:	Items: 1, 2, 3	Date Resolved:	Provider Name:	Mental Health Code	Medical Health Care Code	Item: 4. DNR, Living Will, Advance Directives